BUDGET - SUMMARY OF DSS FUNDS AND MATCH FUNDS

FROM_____/_____/_____ TO _____/_____/_____   CONTRACTOR NAME _____

BUDGET CATEGORY	PROGRAM COMPONENT	PROGRAM COMPONENT	TOTAL DSS REQUEST	TOTAL MATCH AMOUNT
SALARIES				
EMP. BENEFITS				
POSTAGE				
RENT & UTILITIES				
EQUIPMENT				
PRINTING				
CONSUMABLE SUPPLIES				
TRAVEL				
OTHER				
TOTAL REQUESTED FROM DSS				

	AMOUNT	PERCENT OF BUDGET
TOTAL REQUESTED FROM DSS		
SUPPLIED FROM MATCH		
TOTAL PROJECT BUDGET		100%

BUDGET - SALARIES AND EMPLOYEE BENEFITS

FROM _____/_____/_____ TO _____/_____/_____ CONTRACTOR NAME _____

SALARIES STAFF POSITION	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED FROM DSS
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL SALARIES REQUESTED FORM DSS	----------------	-----------------	-------------	

EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM DSS
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL EMPLOYEE BENEFITS REQUESTED FROM DSS	-------------	----------	------------	

PERSONNEL EXPENSE FORM
(Must Submit With Attachment B1)

AGENCY/PROGRAM NAME_____ CONTRACT # _____ FED ID #_____

NAME AND TITLE	% OF TIME	GROSS SALARY	SALARY EXPENSE	FICA	WORK. COMP.	LIFE INS.	HEALTH INS.	TOTAL ANNUAL BENEFITS	BENEFITS MONTHLY EXPENSES	TOTAL MONTHLY EXPENSES (SALARY +BENEFITS)
TOTALS:										

BUDGET - OTHER PROPOSED EXPENSES

FROM _____/_____/_____ TO _____/_____/_____ CONTRACTOR NAME_____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
POSTAGE TOTAL		
Administrative		
Program		
RENT AND UTILITIES TOTAL		
Rent		
Utilities		
Telephone		
EQUIPMENT TOTAL		
Equipment Purchase		
Equipment Rental		
PRINTING TOTAL		
Administrative		
Program		
CONSUMABLE SUPPLIES TOTAL		
Office		
Program		

BUDGET - OTHER PROPOSED EXPENSES

FROM _____/_____/_____ TO _____/_____/_____ CONTRACTOR NAME _____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
TRAVEL TOTAL		
Administrative		
Program		
OTHER TOTAL		
Insurance		
Professional Fees		
Client Fund		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		

TOTAL AMOUNT REQUESTED FROM DSS _____

BUDGET - Match Documentation

FROM ___/___/___ to ___/___/___   Contractor Name _____

BUDGET CATEGORY	BRIEF DESCRIPTION	SOURCE	CASH	IN-KIND VALUE	TOTAL MATCH
Salaries					
Employee Benefits					
Postage					
Rent and Utilities					
Equipment					
Printing					
Consumable Supplies					
Travel					
Other					

TOTAL AMOUNT SUPPLIED FROM MATCH_____ _____ _____